



COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

FRED LEAF
Acting Director of Health Services

JONATHAN E. FIELDING, M.D., M.P.H.
Director of Public Health and Health Officer

Acute Communicable Disease Control

LAURENE MASCOLA, M.D., M.P.H., Chief

313 North Figueroa Street, Room 212
Los Angeles, California 90012
TEL (213) 240-7941 • FAX (213) 482-4856

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December 21, 2001

Dear Physician:

Influenza season here; early December brought us our first confirmation of influenza type A among our sentinel surveillance practitioners in Los Angeles County. Fortunately, influenza vaccine supplies arrived within ample time for administration prior to the peak of influenza activity, which usually occurs in the county around late December and early January. Additionally the CDC has reported that this year's vaccine appears to be well suited to fight the viral strains that have been circulating around the world since last summer.

In light of recent terrorist events, doctors and the public alike are concerned about the upcoming winter "flu" season. The following are some points to consider when seeing patients with fever and respiratory complaints.

- Annual influenza outbreaks are a standard feature of winter and early spring. Influenza can be readily recognized in the population, but is difficult to distinguish by symptoms alone in the individual patient.
- Influenza is characterized by sudden onset of high fever, severe myalgia and fatigue, as well as sore throat, coryza, and nasal congestion. Another hallmark of influenza is ready transmission to susceptibles in the family, classroom, and office.
- Many other viruses cause influenza-like illness (ILI), most prominently respiratory syncytial virus (RSV), as well as adenoviruses, parainfluenza, and rhinoviruses. RSV causes clinical illness in all age groups, although infants are most likely to develop serious illness. Viral surveillance in the county every year show considerably more isolates of RSV reported than influenza.
- Yearly, adults and children can average one to three and three to six ILIs, respectively. Frequent hand washing can reduce the number of respiratory illnesses; pneumococcal polysaccharide vaccine can reduce the risk for serious pneumococcal disease.
- While influenza vaccination is still the best method of protecting oneself from influenza, the vaccine prevents only 70% - 90% from influenza infections in healthy adults and it does not prevent respiratory illnesses caused by other infectious agents.
- Many individuals, the elderly in particular, may still become ill with flu-like symptoms despite vaccination. Therefore, a history of influenza vaccination cannot definitely exclude influenza from the differential diagnosis of ILI or increase the probability of inhalational anthrax as a cause, especially among persons who have no probable exposure to anthrax.

- There has been no indication of anthrax by criminal act in the western U.S. If your patients are concerned that their respiratory illness might be anthrax, these signs and symptoms may distinguish inhalational anthrax from other infections. If coryza or rhinorrhea are present, or if symptoms have lasted more than 5 days, consider a viral infection. Sputum production, especially if purulent, is not a feature of inhalational anthrax (which is a mediastinal lymphadenitis, not an alveolar process).
- Several rapid tests for diagnosis of respiratory viral infections are available. Such tests should be conducted within the first 3 to 4 days of a person's illness when viral shedding is most likely. As with any test, sensitivity and specificity must be taken into account as well as proper test performance. RSV antigen detection tests have a peak sensitivity of 75% - 90% in infants but do not have enough sensitivity to warrant routine use among adults.
- Among the influenza tests available for point-of-care testing, the reported sensitivities and specificities range from 45%-90% and 60%-95%, respectively. Such tests can be expensive and their clinical usefulness for the diagnosis of influenza in individual patients is limited because of the relatively low sensitivity, so a large proportion of persons with influenza might be missed with these tests.
- For these reasons, a rapid influenza test is not recommended for every person presenting with ILI. However, rapid tests along with viral culture can help indicate whether influenza viruses are circulating among specific populations (e.g., nursing home residents or patients attending a clinic). This type of epidemiologic information on specific populations can aid in diagnosing ILI.

Inappropriate Antibiotic Use

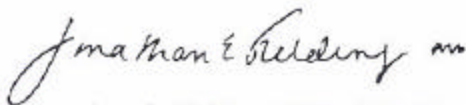
Patients frequently request, and physicians often prescribe, antibiotics for what clearly are viral infections like colds and pharyngitis. Inappropriate antibiotic prescribing increases the chance of patient medication reactions and development of drug-resistant pathogenic organisms.

We urge prudence in antibiotic use by prescribing them only for patients who are likely to benefit from them, that is, those with probable or confirmed bacterial infections. Consider an antiviral medication if influenza is diagnosed early. Also, please advise patients who may have gotten supplies of ciprofloxacin in the aftermath of the bioterrorism on the east coast that they should NOT self-medicate if they develop respiratory symptoms this winter.

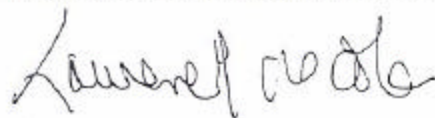
I hope these points will assist you and your staff in diagnosing and reassuring your patients.

Best wishes for a healthy New Year.

Sincerely,



Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer



Laurene Mascola, M.D., M.P.H.
Chief, Acute Communicable Disease Control